U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



TWE DIES.	CANS DROP		
	2. Fiscal Year Covered From:		
File Number U - 5571	1 / 1 / 04 Through: 12 / 31 / 04		
. Clina	4. Name, file number, and address of labor organization.		
Name and address of person filing.	Name N.A.W. Local Union 46		
Name Danny E Hatfield	Labor Organization File Number 031-896		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
ireet 251 Old Edgemoor Lane	Street 826 Stewart Street		
	City Knoxville		
City Powell State Tn ZIP Code + 4 37849	State Tn ZIP Code + 4 37917		
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):		
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in held an interest in, engaged in transactions (including loans) to nonetary value from an employer whose employees your org	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):		
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in Held an interest in, engaged in transactions (including loans) of conetary value from an employer whose employees your orgo	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in Held an interest in, engaged in transactions (including loans) v conetary value from an employer whose employees your orgonetary value from an employer (including trade name, if any). Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7.a. Nature of Interest, Transaction, or Income.		
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in Held an interest in, engaged in transactions (including loans) onetary value from an employer whose employees your orgonated and address of Employer (including trade name, if any). Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of gamization represents or is actively seeking to represent 7.a. Nature of Interest, Transaction, or Income.		
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Enter appropriate data below if, during the past fiscal year, you or y (except as specified in Held an interest in, engaged in transactions (including loans) of conetary value from an employer whose employees your orgonetary value from an employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7.a. Nature of Interest, Transaction, or Income.		
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Enter appropriate data below if, during the past fiscal year, you or y (except as specified in Line Held an interest in, engaged in transactions (including loans) of conetary value from an employer whose employees your orgonetary value from an employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZiP Code + 4	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information enalty of Perjury and other applicable penalties of the law, that all of the best of the		
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in the lighter and interest in, engaged in transactions (including loans) were an employer whose employees your orgonal and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information enalty of Perjury and other applicable penalties of the law, that all of the best of the		

Name of Person Filling Danny E. Hatfield	File Number U-	
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization ix b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.	
Name Nat'l Asbestos Workers Pension Fund Trade Name, If any: Carday Associates, Inc. P.O. Box, Bldg., Room No., If any Suite 100	Trustees meetings	
Street: 4600 Powder Mill Rd.	11.b. Approximate dollar value of such dealing. 5,761,44	
City Beltsville	12.a. Nature of interest held or income received.	
State MD ZIP Code + 4 20705	Reimbursed Expenses	
	12.b. Amount. 5.761.44	===
1		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		1
Trade Name, if any:		}
P.O. Box, Bldg., Room No., if any		:
Street		3
City		;
State ZIP Code + 4	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		

Name of Person Filing Danny E. Hatileld	Lancing to the state of the sta	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or the selling or leasing directly or in (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	tively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name (a. Labor Organization	
Trade Name, if any:	x b. Trust	
P.O. Box, Bldg., Room No., If any	c. Employer	
Street		
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Nat'l Asbestos Workers Medical Fund	2004 Travel, Meals and Lodging Expenses incurred attending	
Trade Name, if any: Carday Associates, Inc.	Trustees meetings	0
P.O. Box, Bldg., Room No., if any Suite 100		
Street 4600 Powder Mill Rd	11.b. Approximate dollar value of such dealing.	1,515.64
	12.a. Nature of interest held or income received.	en arreste de la companie de servicio de la companie de la compani
City BeltsVille State MD ZIP Code + 4 20705	Reimbursed Expenses	
		1,515.64
	12.b. Amount.	hands Ja Ja Gatana
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		en e
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		2 :
Street		
City		•
State ZIP Code + 4	topologic to the complete complete transfer despetation and the complete transfer of the complet	the second of the second second of the second secon
or Consultant ?	14.b. Amount of payment.	Company of the Compan
13.b. Is the Business an Employer or Consultant		

File Number U-